


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N03000008276 |  |
| 1. Entity Name QUITTNER FOUNDATION, INC. | |

| | |
|---|---|
| Principal Place of Business 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139 | Mailing Address 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139 |
|---|---|



| | |
|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/06)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

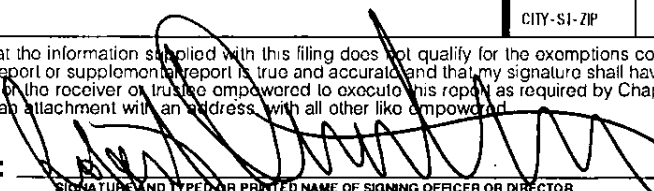
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUITTNER, ROBERT 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/17/07-80062-1531.25 000000748526 05/17/07-80073-001-61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WASSERMAN, MICHAEL 407 LINCOLN ROAD, SUITE 6C MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARBIN, EVAN 48 E. FLAGLER STREET, PENTHOUSE 104 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Robert Quittner 4/26/07 (30) 331-3535